

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 470)**

SERIAL NO.  
**1071023081**  
APPLICANT'S

FILING DATE

**CLAIMS**

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT								
	NO.	OFF.	NO.	OFF.	NO.	OFF.		NO.	OFF.	NO.	OFF.	NO.	OFF.
1							61						
2							62						
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50													
TOTAL NO.			4				TOTAL NO.						
TOTAL OFF.			20				TOTAL OFF.						
TOTAL			24				TOTAL						